

**SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION**  
**CHICAGO POLICE DEPARTMENT**

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STATE OF ILLINOIS      |  
                                |  
COUNTY OF COOK      |      CC  
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Location of Incident	Date	Time
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Summary of Statement(s):

*(Large diagonal stamp reading "NON COOPERATION" across the entire box)*

I, \_\_\_\_\_, hereby state as follows:

1. I have read the above summary and/or attached statement(s) in its entirety, reviewed it for accuracy and been given an opportunity to make corrections and additions to the statement(s).
2. Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I certify that the information set forth in the statement(s) above and/or attached summary are true and correct, except as to any matters therein stated to be on information and belief as to such matters, I certify as aforesaid that I verily believe the same to be true.

Print Affiant's Name

Print Witness' Name

Affiant's Signature

Witness' Signature

Date

Date